

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35556

1. PLACE OF DEATH

County Jackson
Township Sci. A. Bas
City _____ (No. _____) St. _____ Ward _____

Registration District No. 395
Primary Registration District No. 3351A

File No. _____
Registered No. _____

2. FULL NAME

Unmarried Infant son

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min. 159

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER A. D. Storey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ny
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rolla Foulkes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wisc
(STATE OR COUNTRY)

14. INFORMANT A. D. Storey
(Address) Blue Eggs Mo

15. FILED Nov 9, 1932 J. W. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2, 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Nov 2, 1932 that I last saw him alive on Nov 2, 1932 and that death occurred, on the date stated above, at 4:00 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Inguenition
Failure of coronary valve
of heart to close
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Immaturity
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED C (1)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) F. W. Tuttle, M. D.
Nov 2, 1932 (Address) Blue Eggs Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mountain Grove
DATE OF BURIAL Nov 3, 1932

20. UNDERTAKER None
ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NOV 23 1932

